

County: Brown

Facility ID: 9111

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VAN BUREN HALL FDD  
115 S VAN BUREN ST

GREEN BAY 54301 Phone:(920) 431-7181

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 47

Total Licensed Bed Capacity (12/31/04): 47

Number of Residents on 12/31/04: 47

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

FDDs

No

No

Yes

41

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		12.8
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	85.1	More Than 4 Years		68.1
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6.4			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	4.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	4.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	14.9	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		0.0
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		10.6
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	57.4	Aides, & Orderlies		
Mentally Ill	Yes	-----	-----	Female	42.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	47	100.0	185	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	47	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		47	100.0		0	0.0		0	0.0		0	0.0		0	0.0	47	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	11.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	38.3	25.5	36.2	47
Other Nursing Homes	0.0	Dressing	38.3	25.5	36.2	47
Acute Care Hospitals	0.0	Transferring	76.6	12.8	10.6	47
Psych. Hosp.-MR/DD Facilities	55.6	Toilet Use	40.4	48.9	10.6	47
Rehabilitation Hospitals	0.0	Eating	78.7	14.9	6.4	47
Other Locations	33.3	*****				
Total Number of Admissions	9	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.1	Receiving Respiratory Care		17.0
Private Home/No Home Health	50.0	Occ/Freq. Incontinent of Bladder	55.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	55.3	Receiving Suctioning		0.0
Other Nursing Homes	0.0			Receiving Ostomy Care		2.1
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.4	Receiving Mechanically Altered Diets		27.7
Rehabilitation Hospitals	0.0					
Other Locations	50.0	Skin Care		Other Resident Characteristics		
Deaths	0.0	With Pressure Sores	0.0	Have Advance Directives		25.5
Total Number of Discharges		With Rashes	2.1	Medications		
(Including Deaths)	2			Receiving Psychoactive Drugs		55.3
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities					
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	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
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Occupancy Rate: Average Daily Census/Licensed Beds	82.2	93.1	0.88	88.8	0.93
Current Residents from In-County	85.1	35.3	2.41	77.4	1.10
Admissions from In-County, Still Residing	88.9	11.4	7.83	19.4	4.58
Admissions/Average Daily Census	22.0	20.4	1.08	146.5	0.15
Discharges/Average Daily Census	4.9	28.3	0.17	148.0	0.03
Discharges To Private Residence/Average Daily Census	2.4	12.1	0.20	66.9	0.04
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	14.9	16.0	0.93	87.9	0.17
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	33.2	55.0	0.60	49.4	0.67
Psychological Problems	55.3	48.1	1.15	57.7	0.96
Nursing Care Required (Mean)*	6.4	10.7	0.59	7.4	0.86